

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

AMERICAN LEADERSHIP PROJECT

(b) Address (number and street) ☐ check if different than previously reported

2261 MARKET STREET PMB 319

(c) City, State and ZIP Code

SAN FRANCISCO

CA

94114

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30000871**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 8

through

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8**(b) Communication Title**Count Blue & Every/D-
ifference**6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)?**Yes ☐No ☒**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☒No ☐**8. Custodian of Records**

(a) Name

Nancy L Warren

(b) Address (number and street)

2261 Market Street PMB 319

(c) City, State and ZIP Code

San Francisco

CA

94114

(d) Name of Employer or Principal Place of Business

Warren & Associates LLC

(e) Occupation

Accountant

9. Total Donations This Statement

1161485.00

10. Total Disbursements/Obligations This Statement

743395.75

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Nancy L Warren

SIGNATURE _____

DATE 04/15/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.